Pride in Parenting HOME SCREENING QUESTIONNAIRE Ages 0-3 Years

| • | ect ID ber: AFFIX LABEL HERE | Today's Date: _ | month | day | year | |
|----|---|---------------------|------------|---------|-----------------------|------|
| | se answer <u>all</u> of the following question rities of your family. | s about how your ch | nild's tim | e is sp | ent and some of the | |
| 1. | How often do you and your child see never | | | | | |
| 2. | Do you subscribe to any magazines? Yes | 1 | | | | |
| | 2A If Yes, what kind? home and family magazines news magazines children's magazines other | 2 | | | | |
| 3. | About how many hours each day doe infant seat? none | | n a playr | oen, ju | mpchair, infant swing | g or |
| 4. | Does your child have a toybox or other Yes | 1 | ere he/sh | ne keep | os his/her toys? | |

| 5. | How many children's books does your child have of his/her own? |
|-----|--|
| | 0: too young 1 |
| | 1 or 2 |
| | 3 or 4 |
| | 5-94 |
| | 10 or more |
| 6. | How many books do you own? |
| | 0-9 1 |
| | 10-20 |
| | more than 20 |
| | Where do you keep them? |
| | in boxes1 |
| | on a bookcase 2 |
| | other explain 3 |
| 7. | How often does someone take your child into a grocery store? |
| | hardly ever; prefer to go alone1 |
| | at least once a month |
| | at least twice a month |
| | at least once a week4 |
| 8. | How many different babysitters or day care centers have you used in the past three months? |
| 9. | Do you have any pets? (include dog, cat, fish, birds, etc.) |
| • | Yes1 |
| | No2 |
| 10. | About how many times in the past week did you have to spank or slap your child to get him/her to mind? |
| 11. | At what age did did you start talking to your child? |
| | 0-3 months |
| | 3-9 months |
| | 9-15 months |
| | when he/she was old enough to understand 4 |
| | Which hereine was the chicagn to anacrotatia T |

| 12. | Most of the time do you feel that your child: | NO | YES |
|-----|--|-------------|------------|
| | | | _ |
| | Is usually smiling and pleasant | | |
| | Prefers to be by himself/herself | | |
| | Responds readily to affection | 2 | 1 |
| | Gets angry when he/she doesn't | | |
| | get his/her way | | |
| | Is often cranky | 2 | 1 |
| 13. | Do you talk to your child as you are doing the hor | usework? | |
| | Yes | 1 | |
| | No | 2 | |
| | Too Young | 3 | |
| | | | |
| 14. | When your child gets a new toy do you usually: | | |
| | | NO | YES |
| | Explore it with him/her? | 2 | 1 |
| | Let him/her explore it on his/her own | 2 | 1 |
| | Save it for a special occasion? | 2 | 1 |
| 15. | How often does someone read stories or show pi | ctures to v | our child? |
| | hardly ever | - | , |
| | once or twice a month | | |
| | at least once a week | | |
| | at least 3 times a week | | |
| | | | |
| | at least 5 times a week | 3 | |
| 16. | What do you usually do when your child gets bor | ed? | |
| | | NO | YES |
| | give him/her a cookie or something | | |
| | to eat | 2 | 1 |
| | put him/her to bed for a nap | 2 | 1 |
| | offer him/her a toy | | |
| | encourage him/her to keep | | |
| | himself/herself busy | 2 | 1 |
| | play with him/her | | |
| | p.a, marining | | • |

| 17. | Which of the following do you let your child play with? water 1 mud 2 dirt 3 sand 4 food 5 fingerpaints 6 none of the above 7 |
|-----|---|
| 18. | How often does your child eat a meal at the table (or sit at the table during a meal) with both mother and father (or father figure)? never |
| | at least once a week |
| | at least 3 or 4 times a week4 |
| | at least once a day5 |
| 19. | Do you have any plants in your house? |
| | Yes1 |
| | No 2 |
| 20. | About how often do you take your child to the doctor? |
| 21. | Do you have any friends with children about the same age as your child? |
| | Yes |
| | No 2 |
| 22. | Do you sometimes try new recipes that you find in the newspaper or in magazines? |
| | Yes1 |
| | No 2 |
| 23. | Does the father (or other adult male) provide some caregiving (such as babysitting, feeding, putting to bed, etc.) for the child? |
| | Yes1 |
| | No 2 |
| | 23A How often does the father help? |
| | at least once a month 1 |
| | at least once a week |
| | at least 3 or 4 times a week |
| | everyday4 |

| 24. | How often does your child get out of the house (backyard, for a walk, to the store, etc.)? |
|-----|--|
| | at least once a month1 |
| | at least once a week |
| | at least 4 times a week |
| | at least once a day4 |
| 25. | Which of these things have you (or other adult or older child in the home) helped your child to learn? |
| | rolling over |
| | crawling |
| | feeding himself/herself3 |
| | walking4 |
| | colors5 |
| | saying new words6 |
| | song, prayers, or nursery rhymes7 |
| | Other: 8 |
| 00 | |
| 26. | Is anyone in the family presently taking a class at the college level? |
| | Yes1 |
| | No 2 |
| 27. | Who does the grocery shopping for your family? |
| 28. | Who makes most of the decisions about how the family income is to be spent? |
| | Mother |
| | Father |
| | Mother and Father |
| | Grandparent4 |
| | Friend 5 |
| 29. | How often do you actively play with your child? |
| _0. | hardly ever; too young |
| | at least once a week |
| | at least 3 or 4 times a week |
| | everyday4 |
| 20 | Do you have a T.V.2 |
| 30. | Do you have a T.V.? |
| | Yes1 No2 |
| | INU |
| | 30A About how many hours is the T.V. on each day? |

3/26/96

30B About how many hours does your child watch T.V. each day?

31. We are interested in finding out what kinds of toys children have in their homes. The items I will read are for children of different ages.

PLEASE INDICATE ANY OF THE FOLLOWING THAT YOU HAVE IN YOUR HOME <u>AND</u> THAT YOUR CHILD IS ALLOWED TO PLAY WITH. IF YOU DO NOT HAVE THIS TOY NOW OR IT IS BROKEN, RESPOND NO. WE DO NOT EXPECT A CHILD TO HAVE ALL OF THESE ITEMS. **CIRCLE ALL THAT APPLY.**

| Dolls with clothes or paper dolls | 1 |
|--|---|
| stuffed animals, animal toys or | |
| animal books | 2 |
| dress-up clothes or costumes | 3 |
| tricycle, bicycle or scooter | 4 |
| stroller or walker | 5 |
| wagon | 6 |
| big Wheel or child-size car | 7 |
| pull or push toy | 8 |
| mobile | 9 |
| child-size furniture1 | 0 |
| high chair1 | 1 |
| playpen | 2 |
| puzzles - at least three1 | 3 |
| alphabet toy, alphabet game or alphabet book 1 | 4 |
| number toy, number game or number book 1 | 5 |
| coloring book1 | 6 |
| dot-to-dot or color-by-number book1 | 7 |
| scissors | 8 |
| pegboard | 9 |
| toy telephone2 | 0 |
| plastic snap-together beads2 | 1 |
| musical toys or music box2 | 2 |
| children's books2 | 3 |
| ball2 | 4 |
| shape ball or box2 | 5 |
| crib gym2 | 6 |
| jumpseat or door swing | 7 |
| squeeze toys | 8 |
| rattles2 | 9 |
| T.V | 0 |

| Busy Box |
|--|
| gun 32 |
| clay or play dough |
| real or toy musical instruments |
| sand box |
| homemade building toys |
| blocks |
| Tinker toys, Lego, Duplo, or Lincoln Logs 38 |
| record player/cassette player39 |
| children's records/cassettes40 |
| chalkboard41 |
| swings |
| jungle gym |
| car, truck or train |
| measuring cups |
| pots and pans |
| toy dishes |
| doll carriage |
| plastic tools and workbench49 |
| cravons, paints or pencils 50 |

Family Resource Specialist: _____ (please initial)

Signature of Project Coordinator:

Date: _____